

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

United States Courts  
Southern District of Texas  
FILED

DEC 13 2011

Clerk

Form To Be Used By A Prisoner in Filing a Complaint  
Under the Civil Rights Act, 42 U.S.C. § 1983

GEORGE EDWARD TUSTIN, JR. #443411  
Plaintiff's name and ID Number

TDCJ-STRINGFELLOW UNIT (R-2)  
Place of Confinement

CASE NO: \_\_\_\_\_  
(Clerk will assign the number)

v.

LIVINGSTON, BRAD - TDCJ-ID DIRECTOR  
Defendant's name and address

REESLAND, FRANKIE - HEAD WARDEN (R-2)  
Defendant's name and address

BOUCHARD, GRIZELDA - PRACTICE MANAGER (R-2)  
Defendant's name and address  
(DO NOT USE "ET AL.") \*DEFENDANT LIST ATTACHED (3a-3m)

INSTRUCTIONS - READ CAREFULLY

NOTICE:

**Your complaint is subject to dismissal unless it conforms to these instructions and this form.**

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of Texas prison units indicating the appropriate District Court, the Division and an address of the Divisional Clerks.

**FILING FEE AND IN FORMA PAUPERIS**

1. In order for your complaint to be filed, it must be accompanied by the filing fee of \$350.00.
2. If you do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed in forma pauperis. In this event you must complete the application to proceed in forma pauperis (IFP), setting forth the information to establish your inability to prepay the fees and costs or give security therefore. You must also include a six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.
3. 28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files and appeal in forma pauperis, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed in forma pauperis, the Court will apply 28 U.S.C. 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your Inmate Account, until the entire \$350 filing fee has been paid.
4. If you intend to seek in forma pauperis status, then do not send your complaint without an Application to Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

**CHANGE OF ADDRESS**

It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motions(s) for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedures.

**I. PREVIOUS LAWSUITS:**

- A. Have you filed any other lawsuits in the state or federal court relating to imprisonment? \_\_\_\_\_ YES X NO
- B. If your answer to "A" is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
1. Approximate date of filing lawsuit: \_\_\_\_\_
  2. Parties to previous lawsuit:  
Plaintiff(s): \_\_\_\_\_  
Defendant(s): \_\_\_\_\_
  3. Court (If federal, name the district; if state, name the county) \_\_\_\_\_
  4. Docket Number: \_\_\_\_\_
  5. Name of judge to whom case was assigned: \_\_\_\_\_
  6. Disposition: (Was the case dismissed, appealed, still pending?)  
\_\_\_\_\_
  7. Approximate date of disposition: \_\_\_\_\_

II. PLACE OF PRESENT CONFINEMENT: TDCJ-ID: STRINGFELLOW UNIT (R-2)

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted both steps of the grievance procedure in this institution? X YES NO

Attach a copy of the Step 2 grievance with the response supplied by the prison system. STEP 1 + 2 of #2011067524

STEP #2 (#201179691) IS OVER THIRTY (30) DAYS PAST THE 45 DAY EXTENSION  
ARE ATTACHED. STEP #2  
WILL BE SUBMITTED WHEN POSSIBLE.

IV. PARTIES TO THE SUIT:

A. Name of address of plaintiff: GEORGE EDWARD TUSTIN, JR. #443411, STRINGFELLOW UNIT (R-2), 1200 FM 655 ROAD, ROSHARON, TEXAS 77583

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: BOUCHARD, GRIZELDA, PRACTICE MANAGER, TDCJ-STRINGFELLOW UNIT (R-2), 1200 FM 655 ROAD, ROSHARON, TEXAS 77583

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

P1 THRU P14 SHE TOOK HER DELEGATED AUTHORITY TO ENSURE PROPER HEALTH CARE IS GIVEN.

Defendant #2: BOYCE, C, PAROLE OFFICER (REP.), STRINGFELLOW UNIT (R-2),  
P1 THRU P14 MULTIPLE LETTERS HAVE BEEN PLACED IN MY FILE. IF HEALTH CARE CANNOT BE GIVEN IN PRISON...

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

LETTERS FROM GOV. TDCJ-ID DIRECTOR. AND MEDICAL OVERSIGHTS HAVE BEEN PLACED IN MY FILE.

Defendant #3: BROUSSARD, RONNIE DDS, DENTIST, TDCJ-UTMB-STRINGFELLOW UNIT, 1200 FM 655 ROAD, ROSHARON, TX 77583

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

ALL PARAGRAPHS APPLY BECAUSE THIS DENTIST REFUSES ME ANY DENTAL CARE.

Defendant #4: BUSCH, ROBERT J. MD, STAFF PHYSICIAN, UTMB-GALVESTON, 301 UNIVERSITY BLVD., GALVESTON, TX 77555

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

ALL PARAGRAPHS APPLY BECAUSE OF HIS CONTINUED DELAYS IN DIRECT MEDICAL CARE AND OVERSIGHT.

Defendant #5: CABALLERO, ANITA RN, HEALTH CARE PROVIDERS, UTMB-GALVESTON, 301 UNIVERSITY BLVD., GALVESTON, TX 77555

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

P1 THRU P13 APPLY BECAUSE SHE CONVEYS DOCTORS ORDERS AND DOES NOT FOLLOW UP.

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\*DEFENDANT #6

\* CORWIN, RONALD RAY NP, HEALTH CARE PROVIDER, TDCJ -  
STRINGFELLOW UNIT, 1200 FM 655 ROAD, ROSHARON, TX 77583  
P<sup>1</sup>, 2, 3, 4, 7, 8, 9, 10, 11, 12. HE HAS ADDED DELAYS BY AVOIDING  
RESCHEDULING THAT IS NEEDED.

\*DEFENDANT #7

\* DAO, HUNG MD, HEALTH CARE PROVIDER, TDCJ-BYRD UNIT, 21 FM 247,  
HUNTSVILLE, TX 77320  
P<sup>1</sup>, 8, 10. I WAS TAKEN OFF CHAIN BUS (7-20-2009) FOR HEAT-STROKE  
AND SEIZURE. HE DID NOT RESCHEDULE UTM B APPOINTMENT, AND POORLY  
DOCUMENTED THE EMERGENCY CARE GIVEN.

\*DEFENDANT #8

\* DE BELAUNDE, TRELLES MD, NEURO-DEPT., UTM B, 301 UNIVERSITY  
BLVD., GALVESTON, TX 77555  
P<sup>1</sup>, 2, 3, 4, 5, 6, 7, 8, 10, 11. THIS PHYSICIAN HAS READ FINDINGS  
AND KNOWS I NEED DIRE CARE, BUT PUTS OFF TREATMENT.

\*DEFENDANT #9

\* DIGGS, ANTHONY L., DIRECTOR OF ENFORCEMENTS, TEXAS BOARD OF  
NURSING, 333 GUADALUPE, SUITE 3-460, AUSTIN, TX 78701  
P<sup>1</sup> THRU P<sup>12</sup> SHOULD APPLY. I MADE NUMEROUS COMPLAINTS  
AGAINST HEALTH CARE PROVIDERS ASSOCIATED WITH NEGLECTED TREATMENT,  
AND AVOIDS DIRECTING LICENSEES OF THEIR ETHICAL RESPONSIBILITY. HE  
ASSIGNS, BUT DOES NOT FOLLOW-UP, A INVESTIGATOR (MS. ELLIS R.N.).

\*DEFENDANT #10

\* ELKINS, FLORENCE H., RDH, DENTAL HYGIENIST, TDCJ-STRINGFELLOW  
UNIT 1200 FM 655 ROAD. ROSHARON. TX 77583  
P<sup>1</sup>, 2, 3, 4, 5, 7, 8, 10, 11, 12. SHE HAS HEARD MY PLEAS FOR  
TREATMENT, AND WILL NOT FOLLOW UP, AND KNOWS OF THE MALPRACTICE OF  
DR. RUSSO (03-29-2011), AND HAS INFORMED OTHER DENTIST HERE.

\* DEFENDANT # 11

\* ELLIS, JENNIFER RN, INVESTIGATOR, ENFORCEMENT DIVISION, TX BOARD OF NURSING, ENFORCEMENT DIVISION, 333 GUADALUPE, SUITE 3-460, AUSTIN, TX 78701

PL 1, 2, 3, 4, 5, 7, 8, 10. APPLY TO THIS INVESTIGATOR BECAUSE KNOWS OF MY DIRE HEALTH NEEDS, AND INFORMS NURSES OF VIOLATIONS TO STANDARDS, WHICH CREATED PROBLEM FOR ME WITH HEALTH CARE PROVIDERS.

\* DEFENDANT # 12

\* FANG, XIANG MD, PhD, ASSISTANT PROFESSOR OF NEUROLOGY, UTMB, 301 UNIVERSITY BLVD., GALVESTON, TX 77555

PL 1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12. APPLY TO THIS LEADING PHYSICIAN BECAUSE I HAVE VOICED MY DIRE HEALTH PROBLEMS TO HIM AND HIS INTERNS DIRECTLY, WHICH HE AGREES I HAVE. I WRITEN HIM AND OTHER DEPARTMENT HEADS TO COME TOGETHER, BUT THEY DO NOT FOLLOW THEIR OWN ORDERS, AND AVOID OTHER DEPTS.

\* DEFENDANT # 13

\* GLASS, ALLYSON S., PROGRAM SUPERVISOR III, TCDMMI, 8610 SHOAL CREEK BLVD., AUSTIN, TX 78757

PL 1, 2, 3, 4, 5, 7, 8, 10, 11, 12. THIS SUPERVISOR HAS NOT ONLY NOTIFIED TDCJ-ID ADMINISTRATION, BUT THE PAROLE BOARD, OF MY DIRE HEALTH NEEDS AND DOES NOT USE THE AUTHORITY OF TCDMMI TO ENSURE TREATMENT. REDIRECTED LETTERS FROM THE GOVERNORS OFFICE AND DEPARTMENT HEADS REDIRECT LETTERS TO HER OFFICE WITH NO OVERSIGHT BY HER DELEGATED AUTHORITY.

\* DEFENDANT # 14

\* HAYNES, KENNETH DAVID DDS, RESIDENT DENTIST, UTMB, 301 UNIVERSITY BLVD., GALVESTON, TX 77555

PL 1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, 13. HE KNOWS OF MY HARDSHIPS, BUT LIKE OTHERS, SAYS HE CANNOT, AND WILL NOT, TREAT ME. HE NOTES THE PROGRESSION OF AILMENTS. I KEEP ASKING/PLEADING "TO FOLLOW-UP" ON HIS ORDERS, BUT HE DOES NOT.

\* DEFENDANT #15

\* HILL, LATASHA Y. LVN, HEALTH CARE PROVIDER, TDCJ-BYRD UNIT,  
21 FM 247, HUNTSVILLE, TX 77320

P 3, 7, 8, 10, 11, IN EMERGENCY CARE (7-20-2009) I REQUESTED  
THAT MY UTM B-APPOINTMENT BE RESCHEDULED, WHICH SHE SAID SHE  
WOULD, BECAUSE I HAD A HEAT STROKE AND SEIZURE ON CHAIN BUS AND  
MISSED MY SCHEDULED APPOINTMENT. IT CAUSED UNDO DELAYS, AND POOR  
RECORDS CAUSED PROBLEMS.

\* DEFENDANT #16

\* HORTON, BILLY SR. DDS, REGIONAL MEDICAL/DENTAL  
DIRECTOR, TDCJ-ID, P.O. BOX 99, HUNTSVILLE, TX 77342

P 1, 2, 3, 4, 8, 10, 11. CONVERSED (12-2010) WITH DR. RUSSO DDS,  
AND INSTRUCTED HE NOT GIVE NEEDED DENTAL CARE, AND ADVISED TO DIRECT MY  
MEDICAL CARE TO UTM B. EVEN THOUGH, LATER, DR. RUSSO, WENT AGAINST  
HIS INSTRUCTIONS, AND HIS DIRECT SUPERVISOR AT UTM B- GALVESTON,  
DR. EUGENE G. MAINOUS; 03-29-2011 and 04-05-2011: WHERE I HAD A  
WEAR SPELL AND SEIZURE DURING A DENTAL PROCEDURE; MALPRACTICE.  
HE FAILED TO SEE THIS "SPECIAL NEED" MEDICAL CARE HEALTH PROBLEM THROUGH. AS  
THE DIRECTOR OF MEDICAL/DENTAL CARE HE HAS AN OBLIGATION TO SEE  
THAT PROPER CARE IS GIVEN.

\* DEFENDANT #17

\* JAMES, VANESSA, DENTAL ASSISTANT, TDCJ-STRINGFELLOW UNIT,  
1200 FM 655 ROAD, ROSHARON, TX 77583

P 1, 2, 3, 4, 6, 7, 8, 10, 11. SHE INFORMED OTHER DENTIST OF HEALTH  
PROBLEMS (03-29-2011), AND TOLD THEM "NOT" TO THINK ABOUT GIVING DENTAL CARE,  
BUT FAILS TO SEE THAT UTM B GIVES DENTAL CARE WITH NUMEROUS REFERRALS.  
WITH ME REQUEST "RESCHEDULING".



\* DEFENDANT # 18

\* JOHNSON, PAULETTE HOPE, RN, ANPC, APN, HEALTH CARE PROVIDER,  
TDCJ-ID STRINGFELLOW UNIT, 1200 FM 655 ROAD, ROSHARON, TX 77583  
P<sup>1</sup>, 2, 3, 4, 5, 7, 9, 10, 11, 12. SHE WOULD NOT ALLOW DENTAL  
DR NEURD-CLINIC ORDER TO BE CARRIED OUT, UNTIL NURSING BOARD ADDRESSED  
IT. IN TIME, TDCJ-ID MOVED HER TO ANOTHER PRISON UNIT (RAMSEY ONE), ALONG  
WITH NURSE CORWIN. SHE WOULD NOT ADHERE TO SPECIALIST ORDERS FROM UTMB,  
BECAUSE SHE STATED SHE IS "OVER" MY TREATMENT.

\* DEFENDANT # 19

\* MR. KANE, INVESTIGATOR, PATIENT LIAISON PROGRAM, TDCJ-ID, P.O.  
BOX 99, HUNTSVILLE, TX 77342

P<sup>1</sup> ~~THRU~~ P<sup>14</sup> DIRECTLY APPLY TO MR. KANE. "NO ONE" IS ALLOWED TO  
CALL HIM BY OTHER THAN "MR. KANE." HIS TITLE IS UNCLEAR, AND NO RECORDS  
OTHER THAN A "MEDICAL LAY-IN (9-15-2011)" IS KNOWN. HE SAID HE WAS INVESTIGATING  
MY SECOND STEP #2 GRIEVANCE #201179691, AND COULD NOT "JUSTIFY" WHY I  
HAVE GONE WITHOUT MEDICAL TREATMENT FOR OVER TWO AND HALF (2 1/2+) YEARS; AND THE  
DUE DATE FROM SEPTEMBER 8, 2011 TO OCT 24, 2011. HE ASSURED ME THAT  
MEDICAL CARE WOULD BE GIVEN. HE NOTED THAT "EVERY DENTIST REFUSED TO  
HANDLE MY DIRE NEED". SINCE HIS VISIT, 9-15-2011, I HAVE ADDED PROBLEMS  
WITH THE HEALTH CARE PROVIDERS, AND THE GRIEVANCE PROCESS, IT IS NOW THE  
26 OF NOVEMBER 2011. MORE THAN THIRTY (30+) DAYS AFTER THE 45 DAY  
PERMITTED EXTENSION. WITH NO RESPONSE TO FILE THIS 1983 SUIT.

\* DEFENDANT # 20

\* KHANFAR, ANAS, RESIDENT-NEUROLOGY DEPT., MBBS, MD,  
UTMB-GALVESTON, 301 UNIVERSITY BLVD., GALVESTON, TX 77555

P<sup>1</sup>, 2, 3, 4, 5, 6, 7, 8, 10, 11. HE HAS READ MY FILLS, AND SAYS HE CANNOT  
DO ANYTHING WITHOUT TDCJ-ID APPROVAL. EVEN THOUGH HEALTH CARE IS NEEDED.

\* DEFENDANT # 21

\* LECUYER, PATRICIA M., MSN, FNP, HEALTH CARE PROVIDER,  
TDCJ-STRINGFELLOW UNIT, 1200 FM 655 ROAD, ROSHARON, TX 77583  
P<sub>1</sub>, 2, 3, 6, 7, 8, 9, 10, 11. SHE HAS STRESSED THAT SHE, NOR ANY  
TDCJ ID HEALTH CARE PROVIDER DO NOT HAVE TO FOLLOW SPECIALIST ORDERS FROM  
UTMB. SHE HAD DR. SMITH (9-26-2011) CALL ME IN HER OFFICE SAYING IT WAS  
CONDESCENDING TO CALL LECUYER A NURSE, AND STRESSED THAT I "WOULD" HAVE  
TO CALL THIS NURSE "DOCTOR," WHICH I REFUSED TO CALL A NURSE A "DOCTOR." SHE  
SHE HAD BEEN DIRECTED BY NEUROLOGY, AND MULTIPLE REQUEST BY ME TO DO  
DOCTOR ORDERS, AND HAS AVOIDED MY REQUEST FOR FOLLOW-UPS AND MEDICATION  
RENEWALS. SHE IS OUTRAGED WHEN I REQUEST TO BE "RE-REFER" OR "MEDICATION  
RENEWALS." I CAN UNDERSTAND HER ANGER, BUT SHE DOES NOT HAVE TO TAKE IT OUT ON ME.

\* DEFENDANT # 22

\* LUDNG, HEIN K. DDS, DENTIST, TDCJ-STRINGFELLOW UNIT,  
1200 FM 655 ROAD, ROSHARON, TX 77583  
P<sub>1</sub>, 2, 3, 4, 7, 11, 12. HE SAYS HE WILL "AVOID ME LIKE A  
PLAGUE," BECAUSE HE FEARS I MAY DIE ON HIM. HE DELAYED UTMB  
REFERRALS FOR TREATMENT, AND WILL NOT SEE THAT I GET DIRECT TREATMENT.

\* DEFENDANT # 23

\* MAHMOOD, ASIF MD, MPH, RESIDENT NEUROLOGIST, UTMB,  
301 UNIVERSITY BLVD., GALVESTON, TX 77555  
P<sub>1</sub>, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12. THIS LEADING PHYSICIAN REFUSED  
TO PROCEED WITH DIRE MEDICAL CARE. EVEN WITH DR. MAINOUS' REQUEST.  
JULY 11<sup>th</sup> 12, 2011. WITHOUT APPROVAL FROM TDCJ. AVOIDING MY WELL BEING,  
AND A DEPARTMENT HEAD, DR. MAINOUS' REQUEST FOR TREATMENT. AS  
WELL AS THE "CODE OF ETHICS" HE IS TO PRACTICE BY. WHILE I SUFFER.



\* DEFENDANT # 24

\* LIVINGSTON, BRAD, TDCJ-ID EXECUTIVE DIRECTOR, P.O. Box 99, HUNTSVILLE, TX 77342-0099

PI THRU P<sup>14</sup> APPLY, BECAUSE IT IS HIS DELEGATED AUTHORITY AS EXECUTIVE DIRECTOR OVER TDCJ-ID TO SEE THAT ITS ENTRUSTED EMPLOYEES/CONTRACTS ARE CARRIED OUT. THE GRIEVANCE PROCESS ALERTED HIM TO PROBLEMS: WITH TWO (2) SETS OF GRIEVANCES (#2011067524 and #2011179691) WITH EXTENSIONS, AND LETTERS DIRECTED TO HIM, AND LETTERS TO THE PAROLE BOARD FROM "HIS OFFICE" IS A REAL CONCERN BECAUSE NEEDED MEDICAL PROBLEMS ARE AVOIDED, BUT TREATMENT IS NEEDED, AND KNOWN BY HIS OFFICE, AND NOT GIVEN/AVOIDED.

\* DEFENDANT # 25

\* MAINOUS, EUGENE G., DDS, HEAD OF DENTISTRY, UTMB-GALVESTON, 301 UNIVERSITY BLVD., GALVESTON, TX 77555

PI THRU P<sup>13</sup> HE HAS REFUSED TO DO DIRECT TREATMENT, AND ADVISES ALL DENTIST NOT TO DO ANYTHING UNTIL THE ARACHNOID CYST ON MY BRAIN IS CARED FOR. WITH A "RELEASE" FROM A MD TO ALLOW HIM TO PROCEED. HE WILL NOT FOLLOW-UP SO NEEDED TREATMENT CAN BE DONE. DR. MAINOUS IS THE HEAD OF DENTISTRY AT UTMB, AND SEEMS TO BE A "VERY BRILLIANT PHYSICIAN," WHICH HE AND I HAVE TALKED. HE SHOULD BE ABLE TO DIRECT OTHERS IN MY MEDICAL NEED, BUT HE DOES NOT FOLLOW-UP TO SEE THAT HIS, AND OTHER LEADING PHYSICIANS ORDERS ARE CARRIED OUT, WHICH IN TURN, CAUSES ME GRAVE HARM. HE SHOULD ADDRESS THE CONSTANT "REFERRALS" AND FEARS, BUT HAS AVOIDED.

\* DEFENDANT # 26

\* MANKER, JAMES DDS, DENTIST, TDCJ-BETO UNIT, 1391 FM 3328, TENNESSEE COLONY, TX 75880

PI, 2, 3, 4, 7, 10, 11. APPLY BECAUSE AFTER THE FILLING, WITHOUT MEDICATION, HE DID (3-05-2009), AND BECAME ABSCESSED BEFORE 3-11-2009, HE, MULTIPLE TIMES, REFERRED ME TO UTMB, AND DID NOT CONTINUE TO FOLLOW-UP ON MY NEEDED TREATMENT. HE SEEN FIRST HAND HOW THE ABSCESS TOOK A VERY "PAINFUL" TURN ON ME. AND I HAVE IT NOW.

\* DEFENDANT # 27

\* MAROWSKY, JODY, CCA-SCHEDULER, TDCJ-STRINGFELLOW UNIT, 1200 FM 655 ROAD, ROSHARON, TX 77583

P<sup>1</sup>, 2, 3, 4, 7, 10, 11, 12. THIS SCHEDULER HAS SEEN NUMEROUS REQUEST FOR UNIT PROVIDERS, REFERRALS, COMPLAINTS, GRIEVANCES, AND DROPPED MEDICAL APPOINTMENTS, AND DOES NOTHING TO ENSURE DIRE MEDICAL CARE IS GIVEN BY HER SCHEDULING. MY RECORDS BEFORE HER WARRENT CONCERN, AND SHE OVERLOOKS THE DOCTOR ORDERS AND CAUSES UNDO DELAYS IN MEDICAL TREATMENT. REQUIRING ME TO "REQUEST APPOINTMENTS TO BE RE-SCHEDULED," BECAUSE THE "COMPUTER DROPS ME OFF" DOCTORS SCHEDULED APPOINTMENTS.

\* DEFENDANT # 28

\* MOSSBARGER, J, HEAD WARDEN, TDCJ-STRINGFELLOW UNIT, 1200 FM 655 ROAD, ROSHARON, TX 77583

P<sup>1</sup>, 2, 3, 4, 7, 10. THIS FORMER HEAD WARDEN WAS MADE AWARE OF THE DIRE MEDICAL NEEDS OF ONE OF HIS OFFENDERS / PRISONER THAT HE HAD CONTROL OF, AND DID NOTHING TO INSURE MEDICAL CARE.

\* DEFENDANT # 29

\* MUKORD, PRIYET, UNIT GRIEVANCE INVESTIGATOR (UGI), TDCJ-STRINGFELLOW UNIT, 1200 FM 655 ROAD, ROSHARON, TX 77583

ALL PARAGRAPHS APPLY BECAUSE SHE IS RESPONSIBLE FOR INVESTIGATING / HANDLING GRIEVANCES (STATE TO FINISH). SHE HAS CREATED DELAYS, AND IS DENYING ME ACCESS TO THE COURTS. BY DELAYING GRIEVANCE RESPONSE TIME: KNOWINGLY. PER MY VERBAL AND WRITTEN INTENT TO FILE A 1983 SUIT. I HAVE DOCUMENTS TO PROVE THIS ALLEGATION BETWEEN MR. KANE, MRS. RODAS, AND HER IN THEIR DELEGATED AUTHORITY. MR. KANE, GRIEVANCE STEP #2 INVESTIGATOR SAID THE DUE DATE WAS 10-24-11. MRS. MUKORD AND MRS. RODAS SAID #2011179691 WOULD BE DUE / FINAL ON 10-27-2011 FROM THE ONSET OF 45 DAY EXTENSION OF SEPTEMBER 8, 2011, BY MS. RICHEY, INVESTIGATOR; MRS. MUKORD SAYS IT IS NOW 11-16-2011: "MIGHT BE IN THE MAIL BY NOW," IS HER "RESPONSES." BUT TO THIS DATE IT HAS NOT MADE IT TO ME.

\*DEFENDANT #30

\* REESLAND, FRANKIE, HEAD WARDEN, TDCJ-STRINGFELLOW UNIT,  
1200 FM 655 ROAD, ROSHARON, TX 77583

P<sup>1</sup> THRU P<sup>13</sup> APPLY TO THE HEAD WARDEN ON MY UNIT BECAUSE  
HE IS WELL AWARE DIRE HEALTH NEEDS, AND THE MALPRACTICE OF HIS MEDICAL  
STAFF UNDER HIS CHARGE. WITH TWO (2) SETS OF GRIEVANCES BEFORE HIM. WITH  
EXTENDED EXTENSIONS, AND RECORDS TO SUPPORT MY "DIRE NEED"  
FOR BOTH DENTAL AND MEDICAL CARE NOT ONLY BY HIS STAFF,  
BUT LEADING DEPARTMENT HEADS OF THE CONTRACTED HEALTH CARE (UTMB).

\*DEFENDANT #31

\* RICHEY, LINDA, LEAD INVESTIGATOR, TDCJ-ID GRIEVANCE INVESTIGATOR,  
P.O. BOX 99, HUNTSVILLE, TX 77342-0099

ALL PARAGRAPHS APPLY TO THIS INDIVIDUAL BECAUSE IT IS  
HER RESPONSIBILITY TO SEE THAT GRIEVABLE MATTERS ARE DEALT WITH  
PROPERLY, AND EXTENDING INVESTIGATIVE PROCESS WITH NO MEDICAL  
TREATMENT GIVEN, AND DENYING GRIEVANCES (#2011067524 and  
#2011179691) WITH EXTENSIONS THAT ONLY ADD TO THE DIRE MEDICAL CARE  
I NEED, IS ONLY CREATING GREATER HARM AND HEALTH CONCERNS.  
HER LAST (SEP. 8. 2011) 45 DAY EXTENSION WAS DUE THE 24 OF OCT 2011, AND  
STILL "MIGHT BE IN THE MAIL", WHICH IS WHAT MRS. RODAS AND MRS.  
MUKDRO CONWAY, AND TELL ME TO "BE PATIENT." SHE ALSO IS DENYING  
ME ACCESS TO COURT WITH A NON-RESPONSE FOR MORE THAN THIRTY (30) DAYS  
BECAUSE I HAVE STRESSED MY NEED FOR THE DOCUMENT WITH OPEN RECORDS,  
MRS. RODAS, WITH CONTINUED DELAYS OUTSIDE POLICY, AND I NEED THE #2011179691  
RESPONSE TO CONTINUE. IT SEEMS THAT THEY ARE WORKING TOGETHER WITH DELAYS. I  
DO NOT HAVE ANYTHING TO SUPPORT THIS ASSUMPTION. OTHER THAN SIGNED, AND  
DATED RESPONSES TO MY NEED FOR #2011179691 GRIEVANCE WITH "DUE  
DATES CONTINUING TO EXTEND WITHOUT ANY STATED REASON(S)".

\* DEFENDANT # 32

\* RIDGE, CAROL A. RN, HEALTH CARE PROVIDER, UTMB-GALVESTON,  
301 UNIVERSITY BLVD., GALVESTON, TX 77555

P<sup>1</sup> THRU P<sup>13</sup> APPLY BECAUSE SHE CONVEYS DOCTORS ORDERS,  
AND HEARS MY CONCERNS, TIME AND AGAIN, AND DOES NOT FOLLOW-UP  
EVEN AFTER I CONVEY "FOLLOW-UPS" ARE NOT DONE, AND SHE KNOWS  
I AM IN CONSTANT PAIN.

\* DEFENDANT # 33

\* RODAS, REBECCA, LAW LIBRARY SUPERVISOR, STRINGFELLOW  
UNIT, 1200 FM 655 ROAD, ROSHARON, TX 77583

ALL PARAGRAPHS APPLY BECAUSE SHE HAS BEEN  
AWARE OF MY GRIEVANCES. SHE IS DENYING ME ACCESS TO  
COURTS, BECAUSE I HAVE STATED MY INTENT, AND NEED FOR RECORDS,  
WHICH ARE UNDER HER DELEGATED AUTHORITY (STEP #2 #2011179691).  
MRS. RODAS ADVISED ME ON 11-04-2011 I COULD PURCHASE COPIES (3 SETS)  
OF THE 10-27-2011 RESPONSE, AND THE FUNDS (\$60<sup>+</sup>). WITHDRAWAL  
FORM WAS COMPLETED AND THUMB PRINTED ON NOV. 14, 2011. IT  
HAS BEEN OVER THIRTY (30+) DAYS, WITH MY REQUESTS, WITH NO RESPONSE,  
OR REASON(S) FOR DELAYS OR EXTENSION. FOR DELAYS OF 27 OCT 2011:  
OTHER THAN IT "MIGHT BE IN THE MAIL BY NOW." WITH "NEW  
CLOSING DATES"; THAT I NEVER WAS FORMALLY INFORMED  
OF "ADDITIONAL EXTENSIONS." SHE OFFERED ME A STEP  
#1 GRIEVANCE "IF YOU WANT TO FILE IT... SEE IF IT  
WILL DO YOU ANY GOOD." GRIEVANCES ARE A MYTHICAL  
ILLUSION TO US IN NEED OF "JUST." JUST AS 1983 SUITS  
ARE. "HOW WOULD YOU HANDLE A TOOTHACHE AND MULTIPLE  
ABSCESSSES FOR TWO (2) YEARS?" SHE ASKED "WHICH DO YOU WANT  
TO FILE?" SHE "SMILES" AND WALKS AWAY.

\*DEFENDANT #34

\*RUSSO, NICHOLAS J. JR., DDS, DENTIST, TDCJ-STINGFELLOW UNIT, 1200 FM 655 ROAD, ROSSARDON, TX 77583

PL THRU P13 MALPRACTICE PROCEDURES WERE PERFORMED BY THIS DENTIST (01-25-2011, 03-29-2011, and 4-05-2011). HE SAID "IF YOU CAN TAKE THE PAIN I WILL DO THE PROCEDURES." I WAS FORCED INTO INVASIVE (REMOVING THE NERVE [ROOT-CANAL]) PROCEDURES, BECAUSE I HAD NO OTHER OPTIONS, AND ENDURED UNFATHOMABLE PAIN TO RECEIVE DENTAL CARE, AND ENDED UP IN THE ER (03-29-2011). I RETURNED AFTER THE HEAD OF DENTAL, DR. MAINOUS, ON 04-04-2011, SAID NOT TO GIVE ANY DENTAL CARE UNTIL A MEDICAL DOCTOR, AND NEURO, OKAYED IT: ON 04-05-2011, DR. RUSSO CALLED ME INTO THE DENTAL-CLINIC HIMSELF AND COMPLETED THE ROOT-CANAL WITH NO MEDICATION BEFORE, DURING, OR AFTER THE PROCEDURE. I DID "NOT" SIGN A CONSENT FORM: AFTER DR. MAINOUS INSTRUCTIONS, AND A HEIGHTEN SENSE OF FEAR FOR MY SAFETY.

\*DEFENDANT #35

\*SINGH, PRABHDEEP MD, MBBS, STAFF ATTENDING NEUROLOGY DEPT., 301 UNIVERSITY BLVD., GALVESTON, TX 77555

PL THRU P12 APPLY TO THIS LEADING PRACTITIONER, AS I HAVE TALKED WITH HIM, AND HIS STUDENTS/INTERNS, BEGGING FOR TREATMENT FROM HIS DEPARTMENT SO I CAN HAVE DIRE DENTAL PROCEDURES DONE.

\*DEFENDANT #36

\*WHITE, PAMELA RN, HEALTH CARE PROVIDER, UTMB, 301 UNIVERSITY BLVD., GALVESTON, TX 77555

PL 2, 3, 4, 5, 6, 9. SHE RELAYS PHYSICIANS ORDERS AND KNOWS FIRST HAND OF THE PAIN AND SUFFERING THAT CONTINUES BY MULTIPLE RETURNS WITH NO CARE GIVEN. I HAVE ASKED THAT THEY "FOLLOW MY CARE PLANS," BECAUSE I AM DROPPED FROM TREATMENT THAT IS "NEVER DONE."



### \* DEFENDANT # 37

\* SMITH, GUY, PROGRAM ADMINISTRATOR, OPS, TDCJ-ID,  
OFFICE OF PROFESSIONAL STANDARDS, P.O. BOX 99, HUNTSVILLE, TX 77342  
ALL PARAGRAPHS APPLY BECAUSE IT HAS BEEN HIS  
OVERSIGHT OF TWO (2) SETS OF GRIEVANCES (#2011067524 and #201179691),  
AND MULTIPLE, AND UNREALISTIC, EXTENSION AND DELAYS SINCE  
DECEMBER 2010. WHILE HE IMPLIES THAT "SET APPOINTMENTS  
EQUAL CARE GIVEN." EVEN THOUGH HIS SELECTED DATES, AS ALL OTHERS,  
WERE TO NO AVAIL (#2011067524). HE ALSO IMPLIES A 15 DAY TIME BAR APPLIES, YET  
IT HAS BEEN OVER THIRTY (30+) DAYS SINCE THE EXTENSION DUE DATE OF 10-27-11,  
WITH NO RESPONSE TO STEP "2" #201179691, AND STILL "NO CARE GIVEN," BECAUSE  
OF HIS DELEGATED AUTHORITY HE HAS REVIEWED "ALL" FILES, AND KNOWS OF  
MY DIRE NEED, AS WELL AS THE MALPRACTICE, AND DOES NOT USE HIS AUTHORITY  
TO SEE THAT MEDICAL CARE IS GIVEN.

### \* DEFENDANT # 38

\* SMITH, TAWANA L, MD, HEALTH CARE PROVIDER, TDCJ: STRINGBELLOW  
UNIT, 1200 FM 655 ROAD, ROSSARON, TX 77583  
P1 THRU P13 SHE KNOWS OF MY DIRE MEDICAL NEEDS, AND HAS  
MADE REFERRALS. ONLY BECAUSE I CONTINUOUSLY REQUEST, BUT SHE, NOR HER  
STAFF, FOLLOW-UP. I HAVE BELIEVED IN ABSOLUTE PAIN. SHE HAS CALLED ME INTO  
HER OFFICE (9-26-2011), WITHOUT SECURITY, WITH MS. LECUYER AND TOLD ME  
I AM "CONDESCENDING HER STAFF BY CALLING MS. LECUYER 'NURSE', AND THIS  
DOCTOR THREATENED ME, AND SAID I WILL CALL LECUYER 'DOCTOR'. I AM TOLD  
IT IS "MY RESPONSIBILITY" TO LET THEM KNOW WHEN I NEED THEIR PRESCRIBED  
MEDICATION REVIEWED, AND TO INFORM THEM OF DROPPED APPOINTMENTS.  
THIS DOCTOR CANNOT BE HELD RESPONSIBLE FOR THE COMPLEXITIES, BUT SHOULD  
BE BY NOT FOLLOWING-UP ON HER REFERRAL, AND DOCTORS AT UTMH.  
SHE STATES IT IS "NOT HER PROBLEM, OR RESPONSIBILITY." I HAVE  
STRESSED THE NEED FOR UTMH DEPARTMENTS COME TOGETHER  
TO "WORK TOGETHER." BECAUSE IT IS HER STATED RESPONSE "IT IS  
MY RESPONSIBILITY" I HAVE WRITTEN ALL DOCTORS I COULD AT  
UTMH, AND ANOTHER REASON FOR THIS SUIT.



\* DEFENDANT #39

\* WILSON, DEE, DIVISION DIRECTOR, REENTRY AND INTEGRATION,  
TCOMMI, 8610 SHOAL CREEK BLVD., AUSTIN, TX 78757

ALL PARAGRAPHS APPLY. SHE HAS THE DIRECT RESPONSIBILITY  
TO SEE THAT PROPER CARE BE GIVEN TO OFFENDERS IN PRISON. SHE, THROUGH  
MULTIPLE RESPONSES, HAS PASSED ON THE "RESPONSIBILITY TO OTHERS UNDER  
HER DIRECT SUPERVISION: AND DOES NOT FOLLOW-UP ON ALL THE COMPLAINTS,  
NOT MENTION THE TWO (2) SETS OF GRIEVANCES (#2011067524 and #201179691),  
AS WELL AS EXTENSIONS ON MEDICAL PRACTICE WITHIN TDCJ-ID THAT SHE WAS  
APPOINTED TO OVER-SEE (TCOMMI), AND HAS KNOWN OF SINCE 12-2010,  
AND ASSUMES "SCHEDULED DATES FOR SPECIALIST IS CARE GIVEN."

\* DEFENDANT #40

\* YORK, SAMANTHA H, DDS, DENTIST, TDCJ-STINGFELLOW  
UNIT, 1200 FM 655 ROAD, ROSHARON, TX 77583

P1 THRU P13 THIS DENTIST REFUSES TO EVEN LOOK  
AT ME WHEN SHE WAS TOLD OF DR. RUSSO'S PROBLEMS WITH  
ME ON 03-29-2011. SHE REFERRED ME BACK TO UTMB,  
AND TO DR. RUSSO FOR NEEDED CARE. SHE ORDERED  
325mg NON-ASPIRIN AFTER SHE NOTED I HAD FOUR (4)  
ABSCESSSES (#17, #19, #20, and #31). WITH ME EXPRESSING  
MY UNBEARABLE PAIN SHE REFERS ME TO DR. RUSSO. SHE MADE  
NOTE OF MY UNBELIEVABLE DIRE NEED.

**V. STATEMENT OF CLAIM:**

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal argument or cite any cases of statutes. If you intent to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

PARAGRAPHS 1 THRU 14 (P<sup>1</sup> THRU P<sup>14</sup>): P<sup>1</sup> ALL REFUSE TO GIVE DIRE DENTAL CARE AND NEGLECT NEURO HEALTH ISSUES (BRAIN). P<sup>2</sup> MY DIFFICULTIES IN FUNCTIONING BECAUSE OF DIRE DENTAL CARE THAT IS NEGLECTED BY ALL HEALTH CARE PROVIDERS. P<sup>3</sup> ONSET OF DENTAL PROBLEMS (3-2009). P<sup>4</sup> UNDERLINING FEARS (REASONS). P<sup>5</sup> MY PENMANSHIP ALLOWED ME A NEEDED MRI (8-19-2011). P<sup>6</sup> MRI FINDINGS SUGGEST A NEED FOR ADDITIONAL TEST, BUT DELAYED. P<sup>7</sup> MY CONSTANT PLR FOR DIRE HEALTH CARE. P<sup>8</sup> DELAYS ARE CAUSING GREATER HARM. WITH NO END IN SIGHT. P<sup>9</sup> TDCJ STATE NEUROLOGIST ORDERS DO NOT HAVE TO BE FOLLOWED. P<sup>10</sup> PROVIDERS STATE DELAYS ARE CAUSED BY OTHERS. P<sup>11</sup> EVERYONE ASSOCIATED WITH MY MEDICAL NEEDS "KNOW" I HAVE A DIRE NEED. P<sup>12</sup> AVOIDING HEALTH ISSUES. ADDS TO THEM. P<sup>13</sup> MALPRACTICE WITHIN PROVISIONS. P<sup>14</sup> I NEED COUNSEL ... CONTINUED ON 4(b) - 4(c)

**VI. RELIEF:** State briefly exactly what you want the court to do for you. Make no legal arguments. Cite not cases or statutes.

① HAVE DENTAL/NEURO CLINICS COME TOGETHER TO FOLLOW THROUGH WITH TREATMENT, ② ADMIT ME AT UTMB UNIT TREATMENTS COMPLETED, ③ APPOINT LEGAL COUNSEL, ④ AWARD MONEY DAMAGES, ⑤ ASSURE AFTER CARE, ⑥ ALLOW ME TO PROCEED WITHOUT STEP 2 (#2011179691).

**VII. GENERAL BACKGROUND INFORMATION:**

A. State, in complete form, all names you have ever used or been known by including any and all aliases:

① GEORGE EDWARD JUSTIN JR, ② GEORGE KING, ③ STEVE DOUGLAS MAYS, ④ GARRETT EDWARD GOEBEL, ⑤ GEORGE VANCE

B. List all TDCJ-ID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you, if know to you.

TDC# 296518 and TDC# 443411. LOUISIANA DOC# 1D191D (GARRETT EDWARD GOEBEL)

**VIII. SANCTIONS:**

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? \_\_\_\_ YES ✓ NO ○

B. If your answer is "yes", give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (If federal, give district and division): \_\_\_\_\_

2. Case Number: \_\_\_\_\_

3. Approximate date sanctions were imposed: \_\_\_\_\_

4. Have the sanctions been lifted or otherwise satisfied? \_\_\_\_ YES \_\_\_\_ NO

P1 "ALL" DENTIST WITHIN THE HEALTH CARE PROVISIONS OF THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE (TDCJ) - INSTITUTIONAL DIVISION (TDCJ-ID) AND THE UNIVERSITY OF TEXAS MEDICAL BRANCH (UTMB) - GALVESTON, THE "ONLY" MEDICAL SERVICES AVAILABLE TO ME (#443411), HAVE, FOR THE PAST TWO AND HALF (2½) YEARS, SINCE MARCH 2009, "REFUSE" TO DO NEEDED TREATMENT. A TOOTH (#20) ABSCESS, WHICH I INFORMED DR. MANKER OF (03-11-2009), HAS, OVER THE COURSE OF MORE THAN SEVENTY-FIVE (75+) REQUEST FOR MEDICAL CARE, AND TWO (2) SETS OF GRIEVANCES (#2011067524)(#201179691), BOTH WERE PUT INTO EXTENSION FOR "AN ADDITIONAL 45 DAYS TO RESPOND TO THE FIRST GRIEVANCE FILED ON 12-20-2010, AS WELL AS DOZENS (36+) OF LETTERS TO AUTHORITY INDIVIDUALS AND AGENCIES, TO NO AVAIL.

P2 THE ABSCESS (#17, #19, #20, and #31), WHICH CAN BE AS MANY AS FOUR (4) AT A TIME, IS CAUSING ME TO HAVE SERIOUS MEDICAL PROBLEMS; AND DIFFICULTY TO ① EAT, ② DRINK, ③ BREATHE, ④ FOCUS, ⑤ REST OR ⑥ SLEEP, BECAUSE OF SENSITIVITY TO ⑦ TEMPERATURE, ⑧ PRESSURE, OR ⑨ EXERCISE: CAUSED EXTREME PAIN AND DISCOMFORT, WHICH IS BECOMING UNBEARABLE, AND "ALL" HEALTH CARE PROVIDERS KNOW OF MY PAIN AND SUFFERING, BUT SAY THEY "CANNOT HELP ME."

P3 DENTIST WITHIN TDCJ-ID WILL NOT EXTRACT (OR FILLINGS) TEETH (#17 and #31), WHICH WERE REFERRED IN MARCH 2009 AS WELL, TO UTMB DENTAL DEPARTMENT, BECAUSE IT IS NOTED I AM ALLERGIC TO "AMIDE TYPE ANESTHETICS" USED BY DENTIST TO ALLEVIATE PAIN AND DISCOMFORT. "ALL" THE DENTAL PROCEDURES I HAVE UNDERGONE IN TDCJ-ID WAS "WITHOUT MEDICATION BEFORE, DURING, OR AFTER ANY PROCEDURE."

P4 DENTAL DEPARTMENTS HAVE "THEIR UNDERLYING FEAR," SO THEY SAY, TO AN ARACHNOID CYST (1992-2002-2011), WHICH IS WHY I AM REFERRED TO NEURO-CLINICS FOR TREATMENT, AND AVOIDED BY DENTIST, AND ALSO BECAUSE I AM ALLERGIC TO ANESTHETICS. THESE DEPARTMENTS ARE NOT WORKING TOGETHER TO CARE FOR THE PATIENT (443411).

P5 BECAUSE, FOR THE LAST YEAR OR SO, OF MY PENMANSHIP ON MY DIRE MEDICAL NEEDS, I WAS ALLOWED ANOTHER MRI (8-19-2011), WHICH HAS, FOR NEARLY TWO (2) YEARS, BEEN ORDERED BY "ALL" HEALTH CARE

PROVIDERS ASSOCIATED WITH MY MEDICAL CARE (MDs, DDS, and PA's), BUT NEGLECTED UNTIL MY RELENTLESS EFFORTS IN WRITING OTHERS.

P6 THE MRI IMPRESSION/FINDINGS, SUGGEST THAT OTHER TEST BE DONE (MRA and EEG). BECAUSE OF NEW FINDINGS: THE ONE (1) CYST HAS GROWN FROM 4cm by 4cm (1998), AND CREATED NEW FINDINGS, WHICH CONCERN HEALTH CARE PROVIDERS, AND A DIRE NEED FOR TREATMENT, THAT IS BEING DELAYED... RESCHEDULING MONTHS AHEAD WITH NO TREATMENT.

P7 I HAVE PLEADED WITH HEALTH CARE PROVIDERS, AND GRIEVANCES (#2011067524 and #201179691), OVER THE LAST TWO (2) YEARS TO HELP ME WITH THE PAIN, DISCOMFORTS, SEIZURES, AND OTHER HEALTH ISSUES: THEY (UTMB, BECAUSE OF TDC's POOR RECORDS) SAY DO NOT OCCUR, BUT MRI (2002 and 8-19-2011) CONWAY: BUT ALLUDED THAT, BY GUY SMITH, PROGRAM ADMIN (#2011067524), THAT I "HAVE BEEN EVALUATED AND TREATED BY QUALIFIED HEALTH PROFESSIONALS (MEDICAL AND DENTAL) FOR YOUR CONCERNS." MR. SMITH (4-4-2011) REFERRED TO "DATES" 4/2011 (MRI), 4/2011 (ORAL SURGERY), and 5/2011 WITH NEUROLOGY VIDEO, "WHERE I DID NOT SEE ANYONE", NOR WAS ANY CARE GIVEN", AND "I HAD TO REQUEST TO BE RESCHEDULED FOR ALL APPOINTMENTS", AND I FILED A GRIEVANCE #201179691. ON SCHEDULED DATES DOES NOT EQUALS "TREATMENT", WHICH WAS ALSO PUT IN EXTENSION FOR 45, AND WAS DUE 10-27-2011, AND TO THIS DATE, I HAVE NOT RECEIVED A RESPONSE. THE CRUEL AND INHUMAN PUNISHMENT IN THE DELAYS WITH NO TREATMENT IS THE REASON FOR FILING THIS SUIT. "I CAN NO LONGER WAIT FOR "SCHEDULED DATES WITH NO MEDICAL TREATMENT."

P8 THE DELAYS OF MONTHS BETWEEN DENTAL AND NEURO-CLINIC "VISITS (FIFTEEN (15) TO DATE) IS NOT HELPING. IT HAS CREATED GREATER HARM: IT HAS CREATED, WHAT I CALL A "PROGRESSIVE GUM DISEASE:" WHICH IS THE DETERIORATION OF THE GUM/JAW BONE, WHICH CAUSES INFECTIONS BEYOND THE ONSET OF A CAVITY/ABSCESS TO OTHER AREAS THAT DAMAGE/INFECT OTHER TEETH/GUM/JAW BONE, AND HEALTH CONCERNS BEYOND DENTAL (DUE TO INFECTIONS AND NEGLECT).

P9 TDCJ-ID (ADMINISTRATORS and PROVIDERS) STATE A SPECIALIST ORDERS DOES NOT HAVE TO BE FOLLOWED, [OR] NURSE PRACTITIONERS DICTATE TREATMENT, AND AVOID OTHER ORDERS.

P10 TDCJ HEALTH CARE PROVIDERS CONVINCE THE REASON(S) FOR DELAYS IN TREATMENT IS CAUSED "BY OTHERS": BUDGET CUTS, SHORT HANDED ON EMPLOYEES, CANCELLED APPOINTMENTS BY BOTH TDCJ AND/OR UTM, BECAUSE THE TDCJ ADMINISTRATION "WILL NOT" OKAY DOCTOR ORDERED TREATMENT PLANS. AND A WELL USED, DICTATED, BY TDCJ HEALTH CARE PROVIDERS: "THESE ARE RECOMMENDATIONS WHICH ARE GIVEN TO THE UNIT PROVIDERS (NURSES and PA's) TO EVALUATE..." WHICH "ALL" TDCJ HEALTH CARE PROVIDERS. IN ONE WAY OR ANOTHER, HAVE EVADED. THERE IS ANOTHER "...IT IS THE OFFENDERS RESPONSIBILITY TO SEE THAT TREATMENT IS DONE;" AND IF SCHEDULED APPOINTMENTS ARE DROPPED, FOR WHATEVER REASON(S), IT IS MY RESPONSIBILITY TO SEE THAT ANOTHER IS RESCHEDULED.

P11 PRIMARY CARE PROVIDERS, AND OUTSIDE CORRESPONDENCES, DO NOT UNDERSTAND WHY IT IS TAKING SO LONG. WHILE MY HEALTH DETERIORATES WITH SCHEDULED APPOINTMENT WITH NO TREATMENT.

P12 I HAVE TAKEN FIFTEEN (15) TRIPS TO UTM WITH NO TREATMENT. OTHER THAN "EVERY SPECIALIST" KNOWS/AGREES THAT THE CYST ON MY BRAIN MUST BE DEALT WITH, WHICH "CAN BE DONE", AND THE DIRECTIONAL CARE IS SEEN BY "EVERYONE", AND IT IS DEADLY, BECAUSE OF THE MULTIPLE INFECTIONS WITH AS MANY AS FOUR (4) ABSCESSES (#17, #19, #20, and #31) AT A TIME, WHICH IS MAKING IT HARD ON ME TO FUNCTION.

P13 EVEN THOUGH I HAVE HAD FILLINGS, AND ROOT CANAL (03-29-2011 and 04-05-2011), DONE WITHOUT ANY TYPE OF MEDICATION BEFORE, DURING, OR AFTER A DENTAL PROCEDURE; DOCTORS FEEL/SAY I "COULD NOT HANDLE THE PAIN." THEY ALSO SAID THAT ABOUT ROOT CANALS, BUT THE EVERLASTING SUFFERING FORCED ME TO ENDURE THE PAIN, AND DR. RUSSO, DDS, DID THE PROCEDURES, WHATEVER IT TAKES, I AM FORCED, TO GET THE NEEDED MEDICAL CARE. OR A CYCLE OF RESCHEDULING WITH NO TREATMENT. SO I WAS FORCED INTO A MALPRACTICE PROCEDURE BY DR. RUSSO. HE KNEW OF MY MULTIPLE HEALTH PROBLEMS AND AFTER I HAD A "WEAK-SPELL AND SEIZURE REQUIRING



EMERGENCY MEDICAL CARE (3-29-2011)." HE CALLED ME BACK IN, ON 04-05-2011, AFTER UTM B-DENTAL DEPARTMENTS HEAD, DR. EUGENE G. MAINOUS, DDS, INSTRUCTED "ALL" DENTAL PROCEDURES TO BE PUT ON HOLD UNTIL A MEDICAL DOCTOR GAVE A HEALTH CHECK (RELEASE TO PROCEED). P.A. JOHNSON, UNIT HEALTH CARE PROVIDER, REFUSED TO "OKAY" ANYTHING. NOR DID I SIGN A CONSENT FOR 04-05-2011.

PI4 I HAVE SERIOUS HEALTH CARE NEEDS, AND I NEED "COUNSEL," BECAUSE THE COST DOES NOT MAKE SENSE TO ANY ADMINISTRATIVE BODY THAT HAS CONTROL OVER ME (#443411), AND THEIR NEGLIGENCE CAUSES GREATER HARM AND DETERIORATION AT A ALARMING RATE NOW. WITH ONLY "SCHEDULED DATES" TO "SEE A SPECIALIST" THAT HAS GIVEN MEDICAL ORDERS THAT ARE NEGLECTED AT THE HANDS OF TDCJ, WHILE I SUFFER IN PAIN WHILE MY LOWER JAW DETERIORATES, AND CAUSES OTHER HEALTH CONCERNS.

4(e)



- C. Has any court ever warned or notified you that sanctions could be imposed? \_\_\_\_ YES ☒ NO
- D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed warning (if federal, give the district and division): \_\_\_\_\_
2. Case number: \_\_\_\_\_
3. Approximate date warning were imposed: \_\_\_\_\_

Executed on: 09 DEC 2011  
(Date)

GEORGE EDWARD TUSTIN, JR #443411  
(Printed Name)  
George Edward Tustin Jr.  
(Signature of Plaintiff) #443411

### PLAINTIFF'S DECLARATIONS

- GE 1. I declare under penalty of perjury all facts presented in this complaint and attachment thereto are true and correct.
- GE 2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
- GE 3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
- GE 4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits are dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger or serious physical injury.
- GE 5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire \$350 filing fee and costs assess by the Court, which shall be deducted in accordance with the law from the inmate account by my custodian until the filing fee is paid.

Signed this 09 day of DECEMBER, 2011.  
(Day) (Month) (Year)

GEORGE EDWARD TUSTIN, JR #443411  
(Printed Name)  
George Edward Tustin Jr.  
(Signature of Plaintiff) #443411

GE **WARNING: The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limbed to monetary sanctions and/or the dismissal of this action with prejudice.**

EXHIBIT "A"  
GRIEVANCE #2011067524  
STEPS #1 and #2



## Texas Department of Criminal Justice

## STEP 1

OFFENDER  
GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2011067524Date Received: DEC 20 2010Date Due: 1-29-11Grievance Code: 662Investigator ID #: 10340

Extension Date: \_\_\_\_\_

Date Retd to Offender: JAN 07 2011Offender Name: GEORGE E. JUSTIN TDCJ # 443411Unit: STRINGFELLOW (R-2) Housing Assignment: B12-11Unit where incident occurred: STRINGFELLOW UNIT (R-2)

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Medical Dept. (R.N. Johnson, Dr. Luong, UTM B, See Att. When? Last Time: Dec 14, 2010)  
 What was their response? "WHAT DO YOU WANT ME TO DO... WE CAN'T DO ANYTHING FOR YOU HERE... THEY REFUSED MEDICAL TREATMENT"  
 What action was taken? THEY UTM B EMPLOYEES SAID THEY CAN NOT HELP ME... AND REFUSED MEDICAL TREATMENT

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

\*WHO: HEALTH CARE PROVIDERS AT UTM B GALVESTON, N. JOHNSON (RN), DR. LUONG AND OTHER DENTIST DE 12-14-2010, SICK CALL RESPONSES AND MEDICAL PRINT PASSES / SEE ATTACHMENTS; AS WELL AS MY GLASS (TOOTHMONEY) AND PATIENT LIAISON PROGRAM. \*WHAT: CYST IN BRAIN & MEDICATION CHANGES WITHOUT SEEING PROVIDER AND DENTAL CARE NEEDED, BUT DENIED BECAUSE OF PROVIDER'S FEARS OF LACK OF ABILITY. \*WHEN: RN PROVIDER JOHNSON (9-28-10) SAID SHE WOULD "LOOK AT ME AND SEE IF I DID NOT NEED MEDICAL CARE" AND DR. LUONG AND OTHER DENTIST DE 12-14-10 ALONG WITH DENTIST ON B12 FEAR DOING NEEDED DENTAL WORK (12-14-10) DUE TO ALLERGIES (AMID TYPE ANESTHETICS), WHICH HAVE REFERRED ME TO UTM B GALVESTON, AND THEY (UTM B DENTIST) INADVERTENTLY REFER ME BACK TO THE UNIT DENTIST, "BECAUSE, AS I HAVE BEEN TOLD VERBALLY, GALVESTON ONLY PULLS TEETH, AND UNIT DENTIST DO THE REST. AS TO FILLINGS, I NEEDED. OFFENDER 443411 IS FILING THIS GRIEVANCE BECAUSE THE UNIT PROVIDERS, WHEN I AM IN AND PROVIDER SHOW-UP (12-10-10 NO PROVIDERS WERE ON STAFF, BUT I AM IN GIVING ALL WORK) NURSE JOHNSON, A UNQUALIFIED MEDICAL PROVIDER, CAN NOT / WILL NOT GIVE CARE, NOR REFERRAL. THE CYST IN MY BRAIN, NOTED IN MEDICAL FILES OF THE EARLY 1990s, WHILE IN TDCJ, IS CAUSING MAJOR DISCOMFORT AND PAIN. THE "MEDICATION PRINT PASS" OF 11-3-2010 AND 12-7-2010 SHOW THAT NORTRIPTYLINE WAS REMOVED, FOR WHATEVER REASON, BY UNQUALIFIED MEDICAL PROVIDER, WHICH IS USED TO HELP ALLEVIATE PAIN. AT THE PULL WINDOW AND SICK CALL REQUEST TO GET MEDICATION FOR THIS "CRONIC CARE" MEDICAL PROBLEM THE OFFENDER IS "DENIED" MEDICATION, WHICH WAS ORDERED BY QUALIFIED PROVIDERS AT UTM B AND PARKLAND HOSPITAL WHILE OFFENDER WAS ON PAROLE (6-2002) OFFENDER 443411 IS ALSO DENIED DENTAL CARE SINCE LAST YEAR AFTER HAVING A STROKE AND SEIZURE ON THE CHAIN BUS TO UTM B (07-20-2009) AND RETURNED TO THE "BYED UNIT" WITH NO CARE GIVEN. OFFENDER 443411 HAS MADE NUMEROUS TRIPS BACK AND FORTH TO BE DENIED NEEDED DENTAL WORK. ONLY TO BE TOLD, BECAUSE OF MY ALLERGIES AND HEALTH THAT I POSSESS A "RISK-FACTOR" THAT NO DENTIST IS WILLING TO TAKE, WHILE THE OFFENDER IS ENDURING UNDOE PAIN TO EVEN EAT / DRINK / AND AT TIMES "BREATHE" BECAUSE OF THE NEGLECT BY THE "MEDICAL

I-127 Front (Revised 9-1-2007)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

COPY

Appendix F

PROVIDER AND NOT THE "CHRONIC CARE OFFENDER" #443411 FOLLOWING PROCEDURES TO GET MEDICAL CARE AFFORDED OFFENDERS. OFFENDER #443411 FEELS THAT HIS MEDICAL NEEDS ARE BEING AVOIDED WHILE OFFENDER #443411 CAN NO LONGER HANDLE THE PAIN AND DISCOMFORTS AND A "GRIEVANCE" IS NEEDED FOR IMMEDIATE MEDICAL HEALTH CARE. THE DENTIST ON DECEMBER 14, 2010 WAS THE FINAL "DENIAL OF MEDICAL CARE" THAT CONCLUSIVELY CONCLUDES THAT UMB, AND ITS PROVIDERS, WILL NOT GIVE OFFENDER #443411 NEEDED "MEDICAL CARE".

JAN 7 2011

## Action Requested to resolve your Complaint.

① CYST IN BRAIN - HAVE NEW MRIS DONE, AND HEART STRESS TEST DONE. ② DENTAL - HAVE FILLINGS AND/OR ROOT CANALS DONE LIKE OTHER OFFENDERS ARE AFFORDED. ③ CHRONIC CARE OFFENDER #443411 SHOULD BE SEEN BY QUALIFIED MEDICAL PROVIDERS. ④ SET A SURGERY DATE/TREATMENT PLAN, AND/OR IF NEEDED TREATMENT CANNOT BE GIVEN, FOR WHATEVER PERSON(S) APPLY AND/OR FOR HB1670 or HB2611

Offender Signature: George E. Tustin, Jr. #443411 Date: 14 DECEMBER 2010 p.m.

## Grievance Response:

Offender Tustin you failed to attempt informal resolution with Medical administration. Review of your medical record indicates that you were seen on 12/14/10 by the dentist Dr. Russo. During this visit you were referred to HG for oral surgery to number 17. Dr Russo asked if you would be willing to attempt restoration of tooth # 5 with out using local anesthetic due to your claims that you are allergic to local anesthetic. You indicated that you wanted to restore tooth # 5 without anesthetic. You are to return to the clinic for this. You were prescribed stannous fluoride X 30 days. In reference to your "cyst in brain". You were seen on 12/15/10 by Dr Hanf. During this visit you were prescribed Nortriptyline and phenytoin. Dr Hanf also submitted a referral for Neurology. In reference to you-claims that you-chronic-care-meds-were-not-renewed-review-of-your medical records-shows that the follow medications were renewed by me Johnson on 11/30/10:

Fibercon 2 tabs oral daily with 6 refills  
Dyazide 37.5 mg 1 cap oral daily with 11 refills  
Dilantin 100 mg 3X caps oral daily with 11 refills  
Tenormin 50 mg 1 tab oral daily with 11 refills

## Signature Authority:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Senior Practice Manager  
Returned because: Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant? Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Signature: \_\_\_\_\_

I-127 Back (Revised 9-1-2007)

## OFFICE USE ONLY

Initial Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

Appendix F

COPY



## Texas Department of Criminal Justice

## STEP 2

OFFENDER  
GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2011067524

UGI Recd Date: JAN 12 2011

HQ Recd Date: JAN 14 2011

Date Due: 2-26

Grievance Code: 662

Investigator ID #: 357

Extension Date: 4/12

Offender Name: GEORGE TUSTIN TDCJ # 443411  
 Unit: STRINGFELLOW Housing Assignment: B12-11  
 Unit where incident occurred: STRINGFELLOW UNIT (R2)

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific): I am dissatisfied with the response at Step 1 because: OF THE APPARENT LACK OF INVESTIGATION AND 443411'S NEED FOR MEDICAL CARE THAT THE MEDICAL DEPARTMENT UNDER MS. G. BOUCHARD'S TOOLAGE IS NEGLECTING 443411. THE MEDICAL RECORDS REFLECT THAT 443411 HAS BEEN IN NEED OF DENTAL CARE SINCE MARCH 05, 2009 WHEN A TEMP FILLING WAS DONE ON BETO DOW WITH NO LOCAL ANESTHETIC DUE TO ALLERGIES NOTED AT UTMB IN THE LATE 90s, BUT MS. BOUCHARD (MEDICAL ADMINISTRATOR) NEGLECTED TO LOOK AT THE ARCHIVES OF TDC/TDCJ-ID, AND WITHIN A WEEK AN ABSCESS DEVELOPED AND STILL RE-OCCURS, AND THE TOOTH NEEDS TO BE PULLED, WHICH MS. BOUCHARD NEGLECTED TO MENTION IN THE RESPONSE TO STEP 1 GRIEVANCE. 443411'S DENTAL PROBLEMS ARE INCREASING AS THE NEGLECT IS PASSED ON TO ANOTHER. JUST AS MS. BOUCHARD AVOIDS IN HER RESPONSE: THESE (3) TEETH NEED TO BE PULLED AND ONE (1) FILLED, WHICH A TUBE OF FLUORIDE WILL NOT CURE THE MEDICAL PROBLEMS 443411 NOTED IN STEP 1. NOR WILL ANY COMPETENT DOCTOR CONCUR WITH MS. BOUCHARD'S NOTION THAT A TUBE OF FLUORIDE WILL CURE THESE MEDICAL NEEDS OF 443411. DR. LUONG, WHICH 443411 SEEN BEFORE DR. RUSSO, NOTED THAT THE UNIT DENTIST PUT 443411 ON UTMB'S LIST BUT IN TIME IT IS DROPPED. DR. RUSSO DID NOT ASK IF 443411 WANTED TO RESTORE ONE (1) TOOTH, 443411 BLEGGED, BUT DR. RUSSO REFUSED AND SAID HE WOULD DO IT LATER WHEN HE RETURNED IN THE FUTURE. STILL "NO FILLING."

STEP 1, AND NOW STEP 2, SHOWS THAT THE "TIME-FRAME" WITH 443411 OF ALMOST TWO (2) YEARS IS EXCESSIVE AND CRUEL/UNUSUAL PUNISHMENT, BECAUSE THE UNIT MEDICAL PROVIDERS ARE UNABLE TO PROVIDE PROPER MEDICAL CARE FOR 443411. BECAUSE, WHILE ON THE CHAIN BUS (07-20-2009 20:30) TO HOSPITAL GALVESTON, WHICH SECURITY HAD TO REMOVE 443411 FROM THE BUS SEEMS TO HAVE CAUSED MEDICAL CONCERNS AND FEARS WHICH SEEMS TO BE THE DENTIST'S NEGLECT FOR HEALTH CARE.

MS. BOUCHARD ALSO CLAIMS THAT R.N. JOHNSON, MEDICAL PROVIDER PRESCRIBED CHRONIC CARE MEDS, CHRONIC CARE REFERS TO THE CYST IN 443411'S BRAIN (WHICH ASSAULTS SEIZURES). NURSE JOHNSON FAILED TO RENEW NORTRIPTYLINE (100mg) WHICH IS REFLECTED IN 443411'S "MEDICATION PRINT PASS" OF 12/7/2010 WHICH IS ONLY ONE (1) WEEK AFTER 443411 SEEN SAID PROVIDER; DR. HANE RENEWED IT.

EVEN WITH MEDICATION PASSES, WHICH MS. BOUCHARD IGNORED: NOR WILL THE PILL WINDOW (CMA MATRIS) HONOR; EVEN THOUGH ONE STATES AN EXPIRATION OF 11/30/2010. NURSE JOHNSON REFUSED TO REFER 443411 TO NEUROLOGY, BUT DR. HANE AND MR. CORWIN BOTH REFERRED LATER.

THE CYST, WHICH IS NOTED IN TDC RECORDS OF THE LATE 80'S OR EARLY 1990. AT EVERY TURN WITH PROVIDERS FOR THE PAST TWENTY (20+) YEARS, HAS BEEN DENIED TREATMENT, BECAUSE OF THE RISK/COST. 443411 WAS TOLD BY UTMB WHEN HE WAS LAST SEEN BY NEUROLOGY IN THE MID '90'S BY NEUROLOGIST THAT "IF IT MOVES OR GROWS" THEY WOULD "DO SOMETHING."

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• ANOTHER NOTE OF INTEREST: ON 29 DEC 2010 443411 CLAIMED HE HAD A PAINFUL BURNING SENSATION IN THE AREA OF THE CYST AS WELL AS "BLEEDING IN LEFT EAR," WHICH MS BOUCHARD REFERRED TO SEEING DR HANEF BUT DID NOT MAKE NOTE OF PROVIDER CORWIN, WHICH ALSO REFERRED 443411 TO NEUROLOGY BECAUSE THE MEDICAL PRACTICES UNDERSTANDABLY BEYOND THE MEDICAL PRACTICE OF IDC I-ID UNIT PROVIDERS.

• 443411 CONTINUES TO HAVE "MEDICAL PROBLEMS" THAT UNIT PROVIDERS CAN NOT HANDLE. AT WHAT POINT WILL 443411 RECEIVE MEDICAL CARE? APO DEATH WHICH 443411 WAS WITH DR GARDNER ON RAISING LINE WHEN HE WAS FIRST SENT / REFERRED TO UTM B BY IDC.

• THE CYST IS "REAL" NOT A "CLAIM," AND IS CREATING HEALTH ISSUES THAT UNIT PROVIDERS CAN NOT HANDLE. THE DENTIST CAN NOT, AFTER 11/22/10 TWO (2) YEARS PULL / FILL TEETH. IS IT POSSIBLE, AS UNDER ARTICLE, SECTION 8 OF THE U.S. CONSTITUTION, WHICH INCLUDES THE "GENERAL WELFARE CLAUSE," WHICH AFFORDS STATES, TEXAS BEING ONE, THEN FUNDS FOR "MEDICAL CARE OF ITS PRISONERS, AS WELL AS THE TEXAS LEGISLATION.

Offender Signature:

George E. Treston, Jr. #443411

Date:

10 JANUARY 2010

## Grievance Response:

The grievance was reviewed regarding your medical concerns (not satisfied with your medical and dental treatment and Nortriptyline was removed by unqualified medical provider). Request MRI (Magnetic Resonance Imaging) and heart stress test done; fillings and/or root canals; seen by qualified medical providers and set a surgery date/treatment plan.

You have 15 (fifteen) days to file a grievance, beginning from the date of the alleged incident/issue or when you have knowledge of the incident/issue therefore, you have exceeded the time limits for filing on an alleged incident/issue that occurred before 11/29/2010. A review of the Electronic Medical Record (EMR) reflects you have been evaluated and treated by qualified health professionals (medical and dental) for your concerns. Additionally, you have been evaluated by Hospital Galveston Neurology Clinic and a pending appointment is scheduled 5/2011 with Stringfellow (R2) Neurology Video Clinic. You were referred for an MRI and a pending appointment is scheduled 4/2011 with Hospital Galveston. You are also scheduled an appointment with Hospital Galveston Oral Surgery 4/2011.

The health care provider makes the clinical decision whether or not medication is warranted, what medication to prescribe and if it is ordered Keep on Person. Documentation reflects the offender is currently receiving medications, which includes Motrin, Nortriptyline, Dilantin and Tegretol. You may wish to submit a Sick Call Request to the facility medical department staff, to discuss treatment care plan, if you feel your current condition warrants further evaluation.

Signature Authority:

Guy Smith

Date:

4-4-2011

Guy Smith

Program Admin. 114-OP3

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 6. Inappropriate. \*

CGO Staff Signature:

I-128 Back (Revised 9-1-2001)

COPY

## OFFICE USE ONLY

## Initial Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



EXHIBIT "B"

GRIEVANCE #2011179691

STEP #1

STEP #2 WAS EXTENDED TO:

OCTOBER 27, 2011

WITH NO RESPONSE TO DATE



## Texas Department of Criminal Justice

# STEP 1 OFFENDER GRIEVANCE FORM

Offender Name: GEORGE TUSTIN TDCJ # 443411  
 Unit: STRINGFELLOW (R-2) Housing Assignment: B12-11  
 Unit where incident occurred: STRINGFELLOW UNIT (R-2)

## OFFICE USE ONLY

Grievance #: 2011179691  
 Date Received: JUN 20 2011  
 Date Due: 7-30-11  
 Grievance Code: 662  
 Investigator ID #: 10340  
 Extension Date: JUL 21 2011  
 Date Retd to Offender: \_\_\_\_\_

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? DR. RONNIE BROUSSARD (PRICR STEP 1 & STEP 2) When? 14 JUNE 2011

What was their response? DENIED NEEDED MEDICAL TREATMENT - REFUSE TO GIVE MEDICAL CARE BECAUSE OF HEALTH

What action was taken? REFERRED - EVER SINCE FEBRUARY 2009 - TO U.T.M.B. BECAUSE HE IS INCAPABLE OF PROVIDING CARE

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

BECAUSE OF THE PREPONDERANCE OF IGNORANCE IN RESPONDING TO THE GRIEVANCES (12-11-10 & 01-10-10) FILED BY #443411, TO THE PROPER ADMINISTRATIVE AUTHORITIES, WHICH WAS ULTIMATELY DENIED (4-4-11) PROPER MEDICAL ATTENTION FOR DENTAL CARE\*\* AND HEALTH CARE BY GUY SMITH, PROGRAM AD IN. 144-OPS: WHICH ALLUDED IN RESPONDING TO STEP #2 THAT SCHEDULED DATES WITH PRACTITIONERS WOULD HELP MANAGE THE HEALTH CARE NEEDS OF #443411, HAS ULTIMATELY CREATED ADDITIONAL HEALTH CONCERNS AND HAS NOT RECEIVED ANY MEDICAL CARE TO THIS DATE. EXCEPT SUGGESTING DATES WITH NO AVAIL, FOR NEEDED CARE FOR #443411.

ON 06-14-2011 #443411 BY REQUEST WAS SEEN BY DR. RONNIE BROUSSARD, A PROCLAIMED DENTIST IN PRACTICE FOR TWENTY-FIVE (25) YEARS, AND ONCE AGAIN, AS EVERY DENTIST SINCE FEBRUARY 2009, UPON REQUESTING EXTRACTION OF TEETH "REFUSED" TO GIVE NEEDED MEDICAL CARE AND REFERRED #443411 BACK TO U.T.M.B., WHICH, AS TO THIS DATE, REFUSES TO GIVE MEDICAL CARE BECAUSE OF MEDICAL PROBLEMS #443411 HAS (REFER TO STEP 1 (12-11-10) AND STEP 2 (01-10-11) GRIEVANCES FILED).

DR. BROUSSARD TOLD #443411 (06-14-2011) THAT HE, THE OFFENDER, WAS A LIAR AND DID NOT HAVE A ROOT-CANAL BY DR. RUSSO (STARTED 04-29-11 - FINISHED 04-05-11 also had seizure) WITH OUT MEDICATION (SHOWS DR. BROUSSARD DOES NOT REVIEW CHARTS). DR. BROUSSARD STATED "NO MAN ALIVE COULD CONDUCT THE PAIN", BUT THE ROOT CANAL (PER X-RAYS) WAS GOOD; BUT BECAUSE OF THE YEARS OF BEING ABSCESSSED (AND IT STILL IS) A "GUM DISEASE" IS ACUTE AND TEETH MUST BE PULLED.

#443411 ASKED FOR TEETH TO BE SAVED, BY FILLING OR ROOT-CANALS, BUT DR. BROUSSARD STATED HE IS REQUESTING THEM TO BE PULLED; BUT IF #443411 WAS NOT IN PRISON, AND WENT TO A DENTAL CLINIC: FILLINGS OR ROOT CANALS WOULD BE "ORDERED" OR "DONE."

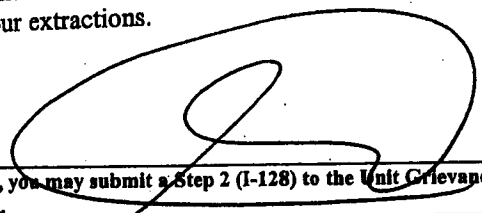
AND REALISTICALLY "THE FEAR OF WHAT COULD HAPPEN DURING A PROCEEDING(S)"  
#443411 NEEDS IN BOTH DENTAL AND IN HEALTH: CYST IN BRAIN - BY A NEUROLOGIST;  
BRAIN SURGEON.  
DR. BROUSSARD, AFTER #443411 PLEADING ORDERED (06-14-2011) PENICILLIN  
VK 500MG TABLETS (1 THREE (3) TIMES DAILY FOR TEN (10) DAYS), BUT STATED THIS WOULD  
NOT HELP THE CONDITION OF GUM DISEASE OR NEED FOR FURTHER CARE THAT HE  
WOULD NOT PROVIDE.

Action Requested to resolve your Complaint.  
TO ENSURE #443411 GETS THE MEDICAL CARE HE NEEDS BEFORE HIS CONDITIONS COMPOUND FURTHER  
IN, SO MUCH AS DATES THAT ARE GIVEN, ARE ADHERED TO, OR FOLLOWED-UP ON SOON. THE  
MEDICAL CARE OF #443411 IS DIER, AND "PROPER TREATMENT BY QUALIFIED PRACTITIONERS" IS  
REQUESTED AS SOON AS POSSIBLE.

Offender Signature: George E. Tustin, Jr. #443411 Date: 19 JUNE 2011

Grievance Response:  
Offender Tustin you failed to attempt informal resolution with medical administration. Review of your medical records indicates that you  
were evaluated on 06/14/11 by Dr Broussard, DDS. Dr Broussard recommended you be referred to oral surgery for extractions of #20 and  
#31. The referral was submitted and approved. You were seen by Oral surgery on 07/11/11. During this visit you indicated to the provider  
that you were having increased headaches and that you had a seizure last month. You also indicated that neurology was following you for  
an anachnoid cyst. It was their recommendation to wait till your evaluation from neurology. Once you have been worked up by neurology  
you may return to OMFS clinic for your extractions.

THANK YOU  
G. BOUCHARD  
SENIOR PRACTICE MANAGER



JUL 21 2011 Date: 7/14/11

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response.  
State the reason for appeal on the Step 2 Form.

- Returned because: \*Resubmit this form when corrections are made.
- ☐ 1. Grievable time period has expired.
  - ☐ 2. Submission in excess of 1 every 7 days. \*
  - ☐ 3. Originals not submitted. \*
  - ☐ 4. Inappropriate/Excessive attachments. \*
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  - ☐ 6. No requested relief is stated. \*
  - ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
  - ☐ 8. The issue presented is not grievable.
  - ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
  - ☐ 10. Illegible/Incomprehensible. \*
  - ☐ 11. Inappropriate. \*

UGI Signature: \_\_\_\_\_  
I-127 Back (Revised 9-1-2007)

OFFICE USE ONLY	
Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
2 <sup>nd</sup> Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
3 <sup>rd</sup> Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____